

2006 Monthly Medical Premium for Retirees

Premiums depend upon the years of service at the time of retirement.

- . 30 or more years of service
- . 25-29 years of service
- . 20-24 years of service
- . 15-19 years of service
- . 10-14 years of service

2006 Monthly Medical Premium for Retirees

Employees who retired after 12/31/1994 and before 1/1/03 OR after 1/1/03 with 30 or more years

TABLE A (includes the three tables below)

Medicare Family (everyone in your family is Medicare-eligible)					
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
1	\$18	\$18	\$11	\$4	\$19
2	\$35	\$35	\$23	\$8	\$38
3	\$53	\$53	\$34	\$13	\$58

Non-Medicare Family (no one in your family is Medicare-eligible)					
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
1	\$64	\$54	\$64	\$64	\$49
2	\$128	\$107	\$127	\$127	\$99
3	\$192	\$161	\$191	\$191	\$140

Mixed Medicare and Non-Medicare Family (your family has both Medicare-eligible and Non-Medicare eligible members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
Non-Medicare Plan:		UHC Premier PPO	UHC HIGH	CIGNA Premier PPO	UHC Premier PPO	UHC HIGH	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
Number of Medicare	Number of Non-Medicare								
1	1	\$82	\$71	\$81	\$75	\$65	\$68	\$68	\$69
1	2	\$146	\$125	\$145	\$139	\$119	\$131	\$131	\$110
2	1	\$99	\$89	\$99	\$87	\$77	\$72	\$72	\$79

¹ Rates for Presbyterian MediCare PPO Plan, the Lovelace Senior Plan, and the Kaiser Permanente Senior Advantage Plan are subject to change based on Centers for Medicare and Medicaid (CMS) approval.

2006 Monthly Medical Premium for Retirees

Employees who retired after 12/31/2002 with 25 to 29 years

TABLE B (includes the three tables below)

Medicare Family (everyone in your family is Medicare-eligible)					
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
1	\$27	\$26	\$17	\$6	\$29
2	\$53	\$53	\$34	\$13	\$58
3	\$80	\$79	\$51	\$19	\$87

Non-Medicare Family (no one in your family is Medicare-eligible)					
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
1	\$96	\$81	\$96	\$95	\$74
2	\$192	\$161	\$191	\$191	\$148
3	\$288	\$242	\$286	\$286	\$209

Mixed Medicare and Non-Medicare Family (your family has both Medicare-eligible and Non-Medicare-eligible members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
Number of Medicare	Number of Non-Medicare								
1	1	\$123	\$107	\$122	\$113	\$98	\$102	\$102	\$103
1	2	\$219	\$188	\$217	\$209	\$178	\$197	\$197	\$164
2	1	\$149	\$134	\$148	\$130	\$115	\$108	\$108	\$119

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Employees who retired after 12/31/2002 with 20 to 24 years

TABLE C (includes the three tables below)

Medicare Family (everyone in your family is Medicare-eligible)					
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
1	\$44	\$44	\$29	\$11	\$48
2	\$89	\$88	\$57	\$21	\$96
3	\$133	\$132	\$86	\$32	\$144

Non-Medicare Family (no one in your family is Medicare-eligible)					
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
1	\$160	\$134	\$159	\$159	\$123
2	\$320	\$269	\$318	\$318	\$247
3	\$480	\$403	\$477	\$476	\$349

Mixed Medicare and Non-Medicare Family (your family has both Medicare-eligible and Non-Medicare-eligible members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
Number of Medicare	Number of Non-Medicare								
1	1	\$204	\$179	\$203	\$189	\$163	\$170	\$169	\$171
1	2	\$364	\$313	\$362	\$349	\$297	\$329	\$328	\$274
2	1	\$249	\$223	\$247	\$217	\$191	\$180	\$180	\$199

2006 Monthly Medical Premium for Retirees

Employees who retired after 12/31/2002 with 15 to 19 years

TABLE D (includes the three tables below)

Medicare Family (everyone in your family is Medicare-eligible)					
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
1	\$62	\$62	\$40	\$15	\$67
2	\$124	\$123	\$80	\$29	\$135
3	\$186	\$185	\$120	\$44	\$202

Non-Medicare Family (no one in your family is Medicare-eligible)					
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
1	\$224	\$188	\$223	\$222	\$173
2	\$448	\$376	\$445	\$445	\$345
3	\$672	\$564	\$668	\$667	\$489

Mixed Medicare and Non-Medicare Family (your family has both Medicare-eligible and Non-Medicare-eligible members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
Number of Medicare	Number of Non-Medicare								
1	1	\$286	\$250	\$284	\$264	\$228	\$237	\$237	\$240
1	2	\$510	\$438	\$507	\$488	\$416	\$460	\$459	\$383
2	1	\$348	\$312	\$346	\$304	\$268	\$252	\$252	\$278

2006 Monthly Medical Premium for Retirees

Employees who retired after 12/31/2002 with 10 to 14 years

TABLE E (includes the three tables below)

Medicare Family (everyone in your family is Medicare-eligible)					
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
1	\$80	\$79	\$51	\$19	\$87
2	\$159	\$158	\$103	\$38	\$173
3	\$239	\$238	\$154	\$57	\$260

Non-Medicare Family (no one in your family is Medicare-eligible)					
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
1	\$288	\$242	\$286	\$286	\$222
2	\$576	\$483	\$572	\$572	\$444
3	\$864	\$725	\$859	\$857	\$628

Mixed Medicare and Non-Medicare Family (your family has both Medicare-eligible and Non-Medicare-eligible members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO ¹	Presbyterian MediCare PPO ¹	Lovelace Senior Plan ¹	Lovelace Senior Plan ¹	Kaiser Permanente Senior Advantage ¹
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO Plan
Number of Medicare	Number of Non-Medicare								
1	1	\$368	\$321	\$365	\$339	\$293	\$305	\$305	\$309
1	2	\$656	\$563	\$652	\$627	\$535	\$591	\$590	\$493
2	1	\$447	\$401	\$445	\$391	\$344	\$324	\$324	\$357